

Experiences of disclosing lesbian identity to healthcare professionals in Yorkshire and Lincolnshire



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What is known about LGBTQ+ health?

- LGBTQ+ people have poorer life satisfaction (Government Equalities Office, 2018).
- Health outcomes are poorer for LGBTQ+ (Frost, Lehavot & Meyer, 2015).
- Link between poor health and discrimination (Frost, Lehavot & Meyer, 2015).
- More likely to engage in health risk behaviours (Kneale et al, 2019).
- Heteronormativity is a barrier to healthcare (Hudson-Sharp & Metcalf, 2016).

Aims:

- Further understanding of experiences of LGBTQ+ individuals in this region.
- Secondary aims of understanding how LGBTQ+ experience 'coming out' and how LGBTQ+ couples experience healthcare

Methods:

- Voluntary response sampling of LGBTQ+ people in region.
- Three participants recruited, all identify as female and lesbian/gay.
- Pilot interview helped develop interview schedule
- Audio-recorded semi-structured interviews.
- Transcripts were anonymised, coded and analysed following the principles of thematic analysis.



Franklin, S, Lane A(2016). Ending LGBT Health Inequalities. Available at: https://ssir.org/articles/entry/ending_lgbt_health_inequities

Results

Negative experiences in Women's health

"When you mention that you're a lesbian with a baby, that kind of it throws people. (...) People don't like that."

"I have to come out on the daily [...] Like if you go see doctors and say anything to do with like reproductive health [...] it's just difficult navigating and having to tell everybody like all the time."

"(I said) I didn't need the pill because I do not have heterosexual sex. [...] And then after that, the conversation, the whole atmosphere of the room changed."

Disclosing sexual identity causes discomfort

"Not only do I have to tell this woman I am not straight, I have to figure out how she feels about it and make sure it's safe enough to tell her..."

"I typically don't mention it in healthcare settings, because I don't want the quality of my care to change."

"It's just uncomfortable and kind of threatening [...] because you're not sure what to say next because you don't know what they are thinking"

Assumptions on partner's gender and lack of acknowledgment

"They do look at [my partner] sometimes like who the hell are you, is this your sister? Erm no that's my wife!"

"They just leave her in the background [...] they won't even look or glance at [her]."

"You just kind of feel quite small [...] like a bit of an inconvenience in the room."

"It's people assuming all the time that... just because I don't look like the lesbian stereotype that people automatically assume I've got a husband."

Discussion

- Heteronormative assumptions from healthcare professionals were a significant issue for participants.
- Participants described tactical non-disclosure of lesbian identity to maintain a positive healthcare experience.
- Women's health was found to be a common subject in which participants were made to feel uncomfortable.
- This study addresses a research gap: lesbian experiences are under-represented within the LGBTQ+ health literature (Hudson-Sharp & Metcalf, 2016).
- The study also provides a unique insight into experiences in the Yorkshire and Lincolnshire region.
- Limitations and recommendations: Small study, which lacks diversity of the LGBTQ+ community. More research is needed into the experiences of LGBTQ+ individuals in the region.

References:

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- Hudson-Sharp N and Metcalf H (2016) *Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence*, National Institute of Economic and Social Research
- Kneale D, Henley J, Thomas J, French R (2019). Inequalities in older LGBT people's health and care needs in the united kingdom: a systematic scoping review, *Ageing & Society*, 41: 493–515. doi:10.1017/S0144686X19001326